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497 Contribution Report

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| NAME OF FILER Newport Beach Re Yes on the Gener AREA CODE/PHONE NU (714) 921-1181 STREET ADDRESS 3848 Campus Driv CITY Newport Beach 1. Contribution | re, Suite 218 | Reduction and St , Yes on Y LD.NUMBER (# apphaeb 1369645 STATE | eri kanin maninin maninan mananin akan da anida da maja da a naninda da anida da anida da anida da anida da anida | Report No. 11 Amendme to Report No. (explain below) No. of Pages | nt | Date Stamp OFFICE OF THE CITY CLERK CITY OF ASVIPORT BEACH | RNIA 107 |
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| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBI | | | BUTOR | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
| 10/28/2014 | Bayside Village Mar | | | | IND COM OTH PTY SCC IND COM OTH PTY SCC | | 2,500.00 [] Check if Loan |
| | | | | | ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | 3 | Check if Loan |
| Reason for Amendn | nent: | | d-0-0-1-0-10-0-10-10-10-10-10-10-10-10-10 | 5- | | *Contributor Codes IND – Individual COM – Recipient Committee (oth OTH – Other (e.g., business ent PTY – Political Party SCC – Small Contributor Committee | ity) |

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